MH10

Standardizing the treatment, prevention, and management of depression in China: a multi-disciplinary approach

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01
General study info (aims, objectives, study design)
Aims and objectives

1. To explore a community-based mental health services system for the early identification of individuals with depressive symptoms and to provide mental health interventions for them;

Based on this objective, we will:

1) Conduct the depression screening in communities, companies, primary care centers and hospitals, including depression symptoms, health care needs, barriers to health care and health information, and mental health literacy. Eligible participants will be referred to specialized hospital to seek for diagnosis.

2) Explore the efficacy of two community-wide, evidence-based intervention strategies in promoting psychological well-being and mitigating depressive symptoms to prevent the onset of clinical depression among the cohort identified in the baseline survey.
Aims and objectives

2. To develop a hospital-based system that improves access to mental health care and the management of patients diagnosed with clinical depression;

Based on this objective, we will:

1) Explore hospital-based interventions that implement standardized treatments for patients with depressive symptoms (regardless of severity), and to improve the communication between hospitals, families, and primary care centers to promote streamlined management of patients with depression

2) Evaluate the interventions in terms of effectiveness, health, and economic burden, and to evaluate the potential ripple effects for the partners involved.
Aims and objectives

3. To provide policy recommendations to the government.

Based on this objective, we will:

1) Cooperate with government to establish community-based and hospital-based systems to streamline the depression management.

2) Report the effectiveness and provide recommendations about psychosocial network of systems to monitor the quality of health care.

4. Study design: cohort study
02
Challenges & Successes
Challenges and Successes

Challenge 1: A shortage of psychiatrists
Difficult to cope with an increasing trend of patients who are referred from the primary care centers to the hospitals.

Success 1:
Depend on the government and specialized hospital support, a series of mental health courses had been provided to GPs

Challenge 2: The rate of willingness to take medicine in depression patients is relatively low
Only half of the patients followed the psychiatrists’ prescribe, and those patients still cannot guarantee to follow the regulation of taking drugs.

Success 2:
We are preparing to provide a “health education curriculum” about the treatment adherence to the patients, and a follow-up booklet is also preparing to be provided to the patients to remind them.
Success 3:
We will publish a mobile application (APP) to improve the medical experience and health and data management in the next year.
Success 4:
An online Cognitive Behavior Therapy (CBT) is undergoing expert review and will be in service next year.
03
Early Wins
1. We have completed the planning of the formative phase in each of the two cohorts and built a Communities-
Primary care centers-Hospital Bridge.

**Early Wins**

- Specialized hospital (psychologist)
  - Screening (PHQ-9)
  - Sign informed consent
  - Referrals (PHQ-9 ≥ 10/Self-reported depression)
  - Diagnosis
    - Depression
    - Subthreshold depression
    - Other severe mental disorder

Follow up
Early Wins

2. We have surveyed 3,456 individuals in primary care centers and recruited 2504 participants in the subthreshold depression cohort (also termed as the community-based cohort). We expect to complete the baseline survey of the subthreshold cohort in the second half of this year, and 6-month follow-up phase is preparing carefully.

3. We have recruited 461 depression patients to participate in the depression cohort (also termed as the hospital-based cohort). We are cooperating with the local mental health specialized hospitals to recruit more depression patients.
Early Wins

Cohort recruitment progress

Bio Bank  Depression cohort  Diagnosed patients  Attendance  Referral  Subthreshold depression cohort  Screening

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<th>Date</th>
<th>Bio Bank</th>
<th>Depression cohort</th>
<th>Diagnosed patients</th>
<th>Attendance</th>
<th>Referral</th>
<th>Subthreshold depression cohort</th>
<th>Screening</th>
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31/05/2019 26/06/2019 26/07/2019 30/08/2019 30/09/2019 25/10/2019
Early Wins

4. We have provided "health education materials" to the general practitioners working in the participated primary care centers and community residents.
04

Preliminary findings
1. Referral willingness survey

Participants with PHQ-9 score between 10 and 27 were required to be referred to hospital, but in fact, only 69% of these people followed the referral advise from GPs and asked for diagnosis in hospital.
2. Mental health literacy survey

Mental health literacy of GPs and community residents

- Somatic symptom is a kind of depression symptom: 70.6% GPs, 41.5% Community Residents
- Depression is a prolong period of bad mood: 50.1% GPs, 33.1% Community Residents

Stigma of GPs and community residents (Depression Stigma Scale)

- Personal stigma: 14.1 ± 0.0 GPs, 16.2 ± 0.0 Community Residents
- Public stigma: 18.1 ± 0.0 GPs, 17.3 ± 0.0 Community Residents
05
Engagement with Policymaker
Engagement with policymaker

1. We are in carrying forward our **psychiatry training** to the general practitioners and receive the support from our government, which will not only accelerate the progress of popularizing the knowledge of mental health in our city, but also improve the accessibility of mental service to our residents.

   1) At present, we had trained 25 GPs and the courses pass rate was 92%. In next phase, these GPs will practice in specialized hospital and obtain the psychiatry certification after finishing the internship.

2. Government had **organized an association to provide funds** to manage specific diseases. Depression is one of these diseases and our team as the leader to carry out the program. We will cooperate with government and other health care institutions, **which including 3 general hospitals and 80 primary care centers**, to implement our program.
2019

Thanks!